

Response to Comment on ‘Stem-cell Therapy for Peripheral Arterial Occlusive Disease’

Thanks for considering our article.

One of the purpose of our article is to prove the safety after allogenic stem cell injection.

As the items to prove the safety, risk of death, cardiac events, cerebrovascular event, and GVHD could be considered.

We know well as you pointed out, there is no risk of GVHD related with our procedure. But many of the reviewers insisted to check the risk of the GVHD.

Also we did not put much emphasis on GVHD in our article. We also mentioned the death rate, cardiac events, cerebrovascular event and laboratory findings.

And you also mentioned about the efficacy with allogenic stem cell injection.

We agreed with your opinion. Our original article included the efficacy parts. But the reviewer wanted deletion of efficacy part due to the small number of clinical experience. So we deleted the efficacy part.

Once again thanks for your interest in our article.

Sincerely yours

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Is TEVAR an Answer for Long Term Solution in Chronic Aortic Type B Diseases?

We would like to congratulate S.G. Thrumurthy *et al*¹ on the systematic review they did on TEVAR. It seems to me that their conclusions are almost correct, especially if we take into account a published multicenter Brazilian experience with TEVAR,² in 225 patients, of which 174 include aneurysms of the descending aorta. From this paper there are a few points that should be taken into account, such as, the similar rates of endoleaks, neurological complications and reintervention. What the authors seem to lack is a long term follow-up of this type of treatment and the true results of the implanted prostheses. Almeida *et al*² found that, at least with the first generation of prostheses, the long term evolution is not as good as the initial results, with a necessity for reintervention in more than 40% of the cases, at almost 10 years of follow-up. A prospective work on conventional and endovascular treatment of this type of disease should be performed to conclude which type of treatment is safer and most durable, for the patient, as it was stated before.³

References

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- 2 Almeida RM, Leal JC, Saadi EK, Braile DM, Rocha AS, Volpiani G, et al. Thoracic endovascular aortic repair: a Brazilian experience in 255 patients over a period of 112 months. *Interact Cardiovasc Thorac Surg* 2009;**8**(5):524–8.
- 3 Almeida RMS. Is endovascular treatment of penetrating aortic ulcer the solution? *Arq Bras Cardiol* 2011;**97**(1):86.

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